



CORPORATE APPLICATION FOR REGISTRATION AS A BC TIMBER SALES ENTERPRISE

A corporation must be a corporation registered in British Columbia.

Application Date: _____ day of _____ (month), 20_____, in

Category 1 - Market Category 4 - Value-added **(pick one only).**

If you selected Category 4 - Value-added, you must also complete and submit a Schedule A.

To apply for registration, please complete this form and forward it to a BC Timber Sales Business Area office located nearest to where you live, or to where you intend to work. Office addresses can be found here:

[BC Timber Sales Contacts page.](#)

I acknowledge and request that the timber sales manager immediately cancel any other registration that I hold as a BC timber sales enterprise when this application is approved: Yes No N/A

Name of Corporation: _____

Please Print (Full legal name as it appears in the British Columbia Corporate Registry)

Address: _____

City

Province

Postal Code

Mailing Address:

(if different from above) _____

City

Province

Postal Code

Telephone: _____

Residence

Business

Fax Number: _____ Cell Phone Number: _____

E-mail: _____

Incorporation #: _____ Incorporation Date: _____

(yyyy / mm / dd)

Client #: _____

(if available)



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To the Applicant:

A. In this application:

- a. “shareholder” means a shareholder of a corporation who, directly or indirectly, beneficially owns more than 10% of the issued and outstanding voting shares of the corporation.
- b. “arm’s length” has the same meaning as in the *Income Tax Act (Canada)*. Additional Information regarding arm’s length relationships can be found through an internet search for “Canada Revenue Agency related persons and dealing at arm’s length”.

B.

- (1) Where each of the following questions requires a **Yes** or **No** answer, please answer the question by placing a check mark in the appropriate box.
- (2) Where a question requires a corporation to provide written information and there is insufficient space provided below, please provide that information on an additional page and attach it to this application.
- (3) The third column on the right is for Ministry use only. Please leave it blank.

	YES	NO	Ministry Use Only
1. Is the corporation in bankruptcy?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
2. Is the corporation in receivership?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
3. Is the corporation in good standing with the BC Registry Services?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
4. Is the corporation already registered as a BC timber sales enterprise under the BC Timber Sales Regulation?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
5. Is the corporation a shareholder of another corporation already registered as a BC timber sales enterprise under the BC Timber Sales Regulation?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
6. Does the corporation have a shareholder that is also a shareholder of a corporation already registered as a BC timber sales enterprise under the BC Timber Sales Regulation?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
7. If the answer to question 6 is Yes , please provide the name of that shareholder:			
8. Is the corporation the holder of a licence agreement the rights under which are suspended under Section 78 or 78.1 of the <i>Forest Act</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
9. Is there a fee, stumpage or other sum imposed upon the corporation or another person not at arm’s length from the corporation under the <i>Forest Act</i> payable to the government?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
10. If the answer to question 9 is Yes , have arrangements satisfactory to the Revenue Minister been made for the payment of that sum?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>



CORPORATE APPLICATION FOR REGISTRATION AS A BC TIMBER SALES ENTERPRISE

YES NO Ministry Use Only

9. If the answer to question 10 is Yes, provide the name of the revenue staff member handling your file below:

12. Has the corporation ever been disqualified as a BC Timber Sales Enterprise?

YES NO Ministry Use Only

• If the answer to this question is Yes, please specify the date range of the disqualification.

13. Is the corporation a shareholder in a BC timber sales enterprise that has been disqualified under Section 78 of the Forest Act?

YES NO Ministry Use Only

14. If the answer to question 13 is Yes, state the name and registration number of each of the BC timber sales enterprises that have been disqualified:

15. Has the corporation ever been a shareholder in a BC timber sales enterprise that has been disqualified under Section 78 of the Forest Act?

YES NO Ministry Use Only

16. If the answer to question 15 is Yes, state the name and registration number of each of the BC timber sales enterprises that have been disqualified and date on which the corporation ceased being a shareholder in each of those BC timber sales enterprises:

17. Is the corporation not at arm's length with a BC timber sales enterprise that has been disqualified under Section 78 of the Forest Act?

YES NO Ministry Use Only

18. If the answer to question 17 is Yes, state the name and registration number of each of the BC timber sales enterprises that have been disqualified:



CORPORATE APPLICATION FOR REGISTRATION AS A BC TIMBER SALES ENTERPRISE

YES NO Ministry
Use Only

19. Has the corporation ever been not at arm's length with a BC timber sales enterprise that has been disqualified under Section 78 of the *Forest Act*?

20. If the answer to question 19 is **Yes**, state the name and registration number of each of the BC timber sales enterprises that have been disqualified and the date on which the corporation ceased being not at arm's length with each of those BC timber sales enterprises:



CORPORATE APPLICATION FOR REGISTRATION AS A BC TIMBER SALES ENTERPRISE

21. For each of the individuals authorized to sign a document and to tender a bid on behalf of this corporation, please provide the requested information below:

	Full Legal Name (Surname, First Name, Middle Name in Full)	Signature	Title or Position in Company (Specify Director or Officer)	Ministry Use Only
1.				
	BCDL / BCID / Birth Certif. No.	Birthdate: (yyyy/mm/dd)	Address	
2.				
	BCDL / BCID / Birth Certif. No.	Birthdate: (yyyy/mm/dd)	Address	
3.				
	BCDL / BCID / Birth Certif. No.	Birthdate: (yyyy/mm/dd)	Address	
4.				
	BCDL / BCID / Birth Certif. No.	Birthdate: (yyyy/mm/dd)	Address	



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22. For each of the shareholders, as defined in Part A of this document, please provide the requested information below:

	Full Legal Name (Surname, First Name, Middle Name in Full)	# of vot- ing shares held by that shareholder	% of voting shares of the corporation held	Ministry Use Only
1.				
	BCDL / BCID / Birth Certif. No.	Birthdate: (yyyy/mm/dd)	Address:	
2.				
	BCDL / BCID / Birth Certif. No.	Birthdate: (yyyy/mm/dd)	Address:	
3.				
	BCDL / BCID / Birth Certif. No.	Birthdate: (yyyy/mm/dd)	Address:	
4.				
	BCDL / BCID / Birth Certif. No.	Birthdate: (yyyy/mm/dd)	Address:	
5.				
	BCDL / BCID / Birth Certif. No.	Birthdate: (yyyy/mm/dd)	Address:	



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I understand and agree that, if this application is accepted and approved, I will immediately notify the Timber Sales Manager of any changes to the above information as soon as those changes occur.

Collection and Use of Information

I understand that the information collected herein is collected for the purposes of assessing my eligibility with respect to BC Timber Sales and applications for agreements or permits under the *Forest Act*. I understand that the legal authority to collect this information is found in the *Forest Act* [R.S.B.C. 1996] chapter 157, the *Freedom of Information and Protection of Privacy Act* [R.S.B.C. 1996] chapter 165 and the *Business Practices and Consumer Protection Act* [S.B.C. 2004] chapter 2 and their regulations. I understand that the Timber Sales Manager to whom I have presented this application can answer my questions about the collection of this information. I understand that information submitted to government may only be disclosed in accordance with the *Freedom of Information and Protection of Privacy Act*.

It is the responsibility of the applicant to provide complete information. Incomplete or illegible forms will be returned for correction or completion and may delay the processing of your application. If any information provided in this application, or at any time, is found to be untrue, it may be grounds to disqualify the applicant as a BC timber sales enterprise registrant.

In witness whereof this application is signed in the presence of a Notary Public or a commissioner for taking affidavits in British Columbia this _____ day of _____, 20_____,
at _____ (place).

)
)
) _____
) (Company Name)

)
) By _____
) (Signature of authorized signatory)
) _____
) (Signature of Notary Public or commissioner
) for taking affidavits in British Columbia)

)
) _____
) (Print name of authorized signatory)
) _____
) (Print Name of Notary Public or commissioner
) for taking affidavits in British Columbia)

)
) _____
) (Title of authorized signatory)
) _____
) (Address and phone number of Notary Public
) or commissioner for taking affidavits in British
) Columbia)



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FOR MINISTRY USE ONLY

DATE OF APPLICATION:

BCTS BUSINESS AREA:

CLIENT NAME:

NO.

COMMENTS:

Recommend Registration

Recommend refusal (reasons attached)

Signature of Authorized person

Signature of Authorized person

Date Signed: